

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Deborah Gillis

Name

(2) 82150 Overseas Hwy

Address (number and street)

Islamorada, FL 33036

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Village Council seat 3

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed



Deb Gillis <debgillis@att.net>

To Marne McGrath

Thu 7/25/2024 3:00 PM

(5) Report Identifiers

Cover Period: From 7 / 13 /2024 To 7 / 19 /2024 Report Type: 24P4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____ .00

Total Monetary \$ _____ .00

In-Kind \$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ .00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ .00

Transfers to Office Account \$ _____ , _____ , _____ .00

Total Monetary \$ _____ , _____ , _____ .00

(8) Other Distributions

\$ _____ , _____ , _____ .00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ .00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Deborah Gillis

Individual (only for IE) Treasurer Deputy Treasurer
or electioneering comm.)

X Deborah Gillis

Signature

(Type name) Deborah Gillis

Candidate Chairperson (only for PC and PTY)

X Deborah Gillis

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Deborah Gillis (2) I.D. Number _____

(3) Cover Period 07 / 13 / 2024 through July / 19 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
/ /					
none					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Deborah Gillis

(2) I.D. Number _____

(3) Cover Period 07 / 13 / 2024 through 07 / 19 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ / none							
/ /							
/ /							
/ /							
/ /							
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